

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41640

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 304 West Third		d. STREET ADDRESS (If rural, give location) 304 West Third	

3. NAME OF DECEASED (Type or Print) EDWARD		a. (First)		b. (Middle)		c. (Last) PURSELL		4. DATE OF DEATH (Month) (Day) (Year) 12 19 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/27/81		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (State or foreign country) Tarkio, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME George Pursell		13b. MOTHER'S MAIDEN NAME Nancy Smith		14. NAME OF HUSBAND OR WIFE Carrie Minter Pursell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edward Pursell, Maryville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ant. Pulmonary embolism ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 15 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 12:30P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

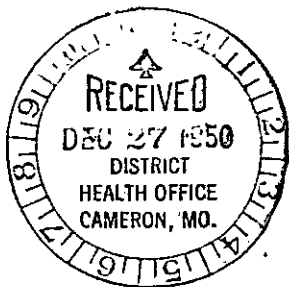
22. I hereby certify that I attended the deceased from **11 - 13, 1950**, to **Dec. 19, 1950**, that I last saw the deceased alive on **12-19, 1950**, and that death occurred at **11:30P** m., from the causes and on the date stated above.

23a. SIGNATURE T. C. Bauman (Degree or title) M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 12/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/21/50		24c. NAME OF CEMETERY OR CREMATORY Linden	
		24d. LOCATION (City, town, or county) (State) Rock Port, Missouri			

DATE REC'D BY LOCAL REG. 12-23-50		REGISTRAR'S SIGNATURE Gess Holt		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Robert L. Senter

Licensed Embalmer No. *4782*

P. O. Address

Maryville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.